



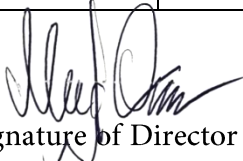
Name: .....

Department:.....

Post title: .....

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Monday	1-Jan-24						
Tuesday	2-Jan-24						
Wednesday	3-Jan-24						
Thursday	4-Jan-24						
Saturday	6-Jan-24						
Sunday	7-Jan-24						
Monday	8-Jan-24						
Tuesday	9-Jan-24						
Wednesday	10-Jan-24						
Thursday	11-Jan-24						
Saturday	13-Jan-24						
Sunday	14-Jan-24						
Monday	15-Jan-24						
Tuesday	16-Jan-24						
Wednesday	17-Jan-24						
Thursday	18-Jan-24						
Saturday	20-Jan-24						
Sunday	21-Jan-24						
Monday	22-Jan-24						
Tuesday	23-Jan-24						
Wednesday	24-Jan-24						
Thursday	25-Jan-24						
Saturday	27-Jan-24						
Sunday	28-Jan-24						
Monday	29-Jan-24						
Tuesday	30-Jan-24						
Wednesday	31-Jan-24						

Leave type: N: Normal, S: Sick.

  
 Signature of Director  
 Muhammad Omer Ali